PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ed to respond to a collection of information unless it displays a valid UMB control number.						
Application Number	10/550,180					
Filing Date	September 21, 2005					
First Named Inventor	Mueller et al.					
Title	METHOD AND APPARATUS FOR BROADCAST COMMUNICATIONS					
Art Unit	1772					
Examiner Name	Not yet known					
Attorney Docket Number	IPU1954-003					

I hereby revoke all previous powers of attorney given in the above-identified application.							
	en in the above-i	dentined applica	ation.				
I hereby appoint:		·· ······					
Practitioners associated with the Customer Number:	•	222					
OR	0	8698					
Practitioner(s) named below:							
Name		Registra	tion Number				
 							
							
as my/our attorney(s) or agent(s) to prosecute the application i Trademark Office connected therewith.	dentified above, and	to transact all busir	ness in the U	nited States Patent and			
Please recognize or change the correspondence address for the	ne above-identified ar	onlication to:					
	•						
The address associated with the above-mentioned Co	ustomer Number.		7				
The address associated with Customer Number: OR							
Firm or Individual Name							
Address							
City	Stat	e	l	Zip			
Country Telephone	Fax						
Lam the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR							
Statement under 37 CFR 3.73(b) is enclosed. (Form							
	Applicant or Assigr	nee of Record					
Signature (and M-W),			Date	12 STOTEMBER 250			
Name Daniel Mueller			Telephone	<u> </u>			
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of2forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are require

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS **INDICATION FORM**

d to respond to a collection of information unless it displays a valid OMB control number.						
Application Number	10/550,180					
Filing Date	September 21, 2005					
First Named Inventor	Mueller et al.					
Title	METHOD AND APPARATUS FOR BROADCAST COMMUNICATIONS					
Art Unit	1772					
Examiner Name	Not yet known					
Attorney Docket Number	IPU1954-003					

I hereby revoke all previous powers of attorney given in the above-identified application.									
I hereby appoint:									
\boxtimes	Practitioners associated with the Customer Number:								
C	OR .	L		086	98				
	Practitioner(s) named below:								
		Name		Registration Number					
						· <u>· · · · · · · · · · · · · · · · · · </u>			
as my Trade	/our attorney(s) or age mark Office connected	ent(s) to prosecute the application d therewith.	identified above	, and to t	ransact all busine	ess in the Ur	nited States Patent and		
Pleas	e recognize or change	e the correspondence address for t	the above-identi	fied applic	cation to:				
\boxtimes									
	The address associated with Customer Number:								
	Firm or Individual Name								
	Address								
	City			State			Žip		
	Country			1 6					
Lam	Telephone the:			Fax					
	Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96)									
		SIGNATURE of	Applicant or A	ssignee	of Record				
Signa		J. Gelia				Date	225 of tempor pas		
Name		ncis Cretney				Telephone	<u>L</u>		
Title and Company									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
\bowtie	*Total of2	forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.1 1 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.